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Effective on 12/08/2004.	ŀ
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	L

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT

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Effective on 12/08/2004.	Complete if Known				
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/697,237-Conf. #9024			
FEE TRANSMITTAL	Filing Date	October 31, 2003			
	First Named Inventor	Nobuyuki Nonaka			
For FY 2009	Examiner Name	R. E. Mosser			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3714			
AL AMOUNT OF PAYMENT (\$) 940.00	Attorney Docket No.	SHO-0045			

METHOD OF PAYMEN	(check all	that apply)						
Check Credit C	ard 1	Money Order	None	Other (please identify)	:		
X Deposit Account Depos	sit Account Num	ıber: 18-	0013	Deposit A	Account Name:	Rader, Fish	man & Gra	uer PLLC
For the above-identi	fied deposit	account the D	irector is he	reby authorize	- d to: (check	all that apply		
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x Charge any ac fee(s) under 3		(s) or underpay and 1.17	ments of	x Credit	any overpay	yments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	, AND EXA	MINATION FEI	ES					
	FILIN	IG FEES			EXAMINATION FEE			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (includi	-	,					52	26
Each independent claim over	er 3 (includi	ng Reissues)					220	110
Multiple dependent claims							390	195
	ra Claims	Fee (\$)	Fee I	Paid (\$)	Multiple Dependent C			
- or HP = HP = highest number of total clair					Fee	<u>(\$)</u>	Fee Paid (\$	3)
-	ra Claims	Fee (\$)	Fool	Paid (\$)		 =		_
- or HP =	x Oldinis	=		αια (ψ)				
HP = highest number of independ	dent claims pai	d for, if greater tha	n 3.					
3. APPLICATION SIZE FEE	i							
If the specification and dra								
listings under 37 CFR 1					or small ent	ity) for each a	dditional 50	0
sheets or fraction there				` '		Fac (8)	Eoo I	Doid (\$)
	tra Sheets	/50 =		tional 50 or frac			=	Paid (\$)
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specification	on, \$130 fe	ee (no small en	tity discour	it)				
Other (e.g., late filing surcharge): 1251 Extension for response within first month 1801 Request for continued examination (RCE) (see 37					130.00			
	$\frac{1}{1}$	801 Request	tor continu	ied examinat	ion (RCE)	(see 37	81	0.00
SUBMITTED BY	V.							

Registration No. (Attorney/Agent) 29,211 (202) 955-3750 Telephone Carl Schaukowitch Name (Print/Type) Date April 1, 2010